

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	70691	04
O.I.P.E. CLASSIFIER	DR	32	2/17
FORMALITY REVIEW		64477	3/11/00
RESPONSE FORMALITY REVIEW		64477	6-17-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 — (Through numeral) Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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